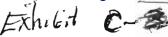


-SLR Documenter 6903 ect. Filed 09/07/2006

Smyrna Landing Road **SMYRNA DE, 19977** Phone No. 302-653-9261



GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name: BAYLIS, LEONARD K

Grievance #

Status Unresolved

Grievance Type: Health Issue (Medical)

IGC

: Merson, Lise M

Grievance Date

Resolution Status:

Incident Date

00100231 11/29/2005 Institution

: DCC

Category

: Individual

Resol. Date

Incident Time: 13:00

: 11/29/2005 Housing Location: Bldg V, Tier D, Cell 1, Single

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: After repeated attempts to see Dentist (I have trouble eating because of missing

teeth) and after signing off on a grievance on 15 Nov(at gander hill) and after I was promised

dental treatment, I was today refused treatment because of wrong information in Dental records.

: To receive proper Dental Treatment. Remedy Requested

INDIVIDUALS INVOLVED

SBI# Type Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance: YES Date Received by Medical Unit: 01/11/2006

Investigation Sent To Investigation Sent: 01/11/2006 : Malaney, Christine

Grievance Amount: